## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND   |                                   |                          |                |                 |             |
|---|-----------------------------------|--------------------------|----------------|-----------------|-------------|
| 1 Date of Request: 122704 2 Serial/Patent # 10/082,349                        |                                   |                          |                |                 |             |
| 3 Please refund the following fee(s):   |                                   | 4 PAPE<br>NUMB           |                | 5 DATE<br>FILED | 6 AMOUNT    |
|   | Filing                            |                          |                |                 | \$          |
|   | Amendment                         |                          | -              |                 | \$          |
|   | Extension of Time                 |                          |                |                 | \$          |
|   | Notice of Appeal/Appeal           |                          |                |                 | \$          |
| X   | Petition                          | Fu                       |                | 11/12/04        | \$ 130.00   |
|   | Issue                             |                          |                |                 | \$          |
|   | Cert of Correction/Terminal Disc. |                          |                |                 | \$          |
|   | Maintenance                       |                          |                |                 | \$          |
|   | Assignment                        |                          |                |                 | \$          |
|   | Other                             |                          |                |                 | \$          |
|   |                                   | 7 TOTAL AMOUNT \$ 130.00 |                |                 |             |
|   |                                   | 8 TO BE REFUNDED BY:     |                |                 |             |
| 10 REASON:  |                                   |                          | Treasury Check |                 |             |
|   | Overpayment                       | $\times$                 | Cı             | redit Dep       | osit A/C #: |
|   | Duplicate Payment                 | 9                        | 2              | _ 0  1          | 504         |
| $\times$  | No Fee Due (Explanation):         |                          |                |                 |             |
| 1.53/e/12) posture Shownie  |                                   |                          |                |                 |             |
|   |                                   |                          |                |                 |             |
|   |                                   |                          |                |                 |             |
| 11 REFUND REQUESTED BY:   |                                   |                          |                |                 |             |
| TYPED/PRINTED NAME: NAME: NAME: DAMSON TITLE: V. Centrons Attorney            |                                   |                          |                |                 |             |
| SIGNATURE: MU Composition PHONE: 571-272-3219                                 |                                   |                          |                |                 |             |
| office: Yethons ()  |                                   |                          |                |                 |             |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED:  DATE:  DATE:  APPROVED: |                                   |                          |                |                 |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90) Repln. Ref: DAH:201504 C: 9204